

Exhibit D



September 11th
Victim Compensation Fund

February 7, 2019

CAROL MURPHY
1134 79 STREET
BROOKLYN NY 11228

Dear CAROL MURPHY:

The September 11th Victim Compensation Fund ("VCF") has reviewed your Eligibility Form. You submitted an Eligibility Form on behalf of PAUL MURPHY. Your claim number is VCF0116108. Your Eligibility Form was determined to be substantially complete on February 06, 2019. As stated in the Regulations and on the claim form, by filing a substantially complete Eligibility Form, you have waived your right to file or be a party to a September 11th-related lawsuit on behalf of the decedent and his or her survivors.

The Decision on your Claim

The VCF has determined that the decedent has met the eligibility criteria established in the statute and regulations. Based on the information you submitted and information the VCF has received from the World Trade Center ("WTC") Health Program, the decedent has been found eligible for the following injuries:

- MALIGNANT NEOPLASM OF APPENDIX AND RELATED PHYSICAL CONDITIONS: SEC MALIG NEOPLASM RETROPERITONEUM&PERITONEUM

Please note that there are several reasons why an injury that you think should be eligible is not listed above. For non-traumatic injuries, the name of the injury is based on the information provided by the WTC Health Program and there may be different names for the same injury. Additionally, your injury may not be listed if it was only recently certified for treatment by the WTC Health Program.

If in the future the WTC Health Program should notify you that a condition previously found eligible is no longer certified, you must inform the VCF as this may affect your eligibility status and/or the amount of your award.

What Happens Next

If the decedent was certified for treatment by the WTC Health Program for a condition not listed above, you should amend your claim. Please see the VCF website for details on how to amend your claim. The VCF will review the new information and determine if it provides the basis for a revised decision.

If you believe the decedent had eligible injuries not treated by the WTC Health Program and you would like the VCF to consider those injuries before calculating the amount of any compensation, you should amend your claim. If you choose to amend your claim, you will need



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to use the VCF Private Physician process. The Private Physician process is a way for the VCF to gather the required information about the decedent's treatment in order to process your claim. All forms are available on the VCF website under "Forms and Resources." The website also includes detailed information and instructions on the Private Physician process.

If the decedent did not have injuries other than those listed above, you should submit your Compensation Form and required supporting materials. If you have already submitted your Compensation Form, you do not need to take any action at this time unless you receive a request from the VCF for missing information. The VCF will calculate the amount of any compensation based on the conditions listed above after all compensation-related documents are submitted.

If you have questions about the information in this letter or the claims process in general, please call our toll-free Helpline at 1-855-885-1555. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-514-1100.

Sincerely,

Rupa Bhattacharyya
Special Master
September 11th Victim Compensation Fund

cc: MICHAEL BARASCH



September 11th
Victim Compensation Fund

January 13, 2021

CAROL MURPHY
C/O MICHAEL BARASCH
BARASCH MCGARRY SALZMAN & PENSON
11 PARK PLACE 1801
NEW YORK NY 10007-2811

Re: CLAIM NUMBER: VCF0116108

Dear CAROL MURPHY:

The September 11th Victim Compensation Fund ("VCF") sent you a letter on November 05, 2019 notifying you of the amount of your award.

You then amended your claim to request additional losses. The VCF has considered your amended claim and reviewed the new information you provided. This letter sets forth the revised award and supersedes and replaces all previous letters.

The VCF has determined that although the information you submitted results in a change to one or more components of your award, it does not change the total award of **\$490,717.49**. The VCF is required to subtract from its computation of economic and non-economic loss all amounts that meet the definition of collateral offsets under the Statute and regulations. Although the components of your award have changed as a result of your amendment, once the collateral offsets are subtracted, your calculated award remains less than or equal to the total award that you have already received.

This determination is in accordance with the requirements of the Never Forget the Heroes: James Zadroga, Ray Pfeifer, and Luis Alvarez Permanent Authorization of the September 11th Victim Compensation Fund Act ("VCF Permanent Authorization Act"). The enclosed "Award Detail" includes a detailed explanation of the calculation and a list of the eligible conditions that were considered when calculating your award.

Your award did not include replacement services losses from before your husband's wrongful death because VCF interprets the statute related to such losses to apply only to people who didn't work or only worked part-time outside the home. Because your husband worked full-time for NYPD and Triborough Bridge and Tunnel Authority, the statute would preclude an award of such replacement services losses. Lost income, parking costs, and business losses that you noted in the record are not compensable as replacement services losses.

No non-routine legal service expenses are approved for reimbursement for this claim.

As the Personal Representative, you are required to distribute any payment received from the VCF on behalf of the victim to the eligible survivors or other recipients in accordance with the applicable state law or any applicable ruling made by a court of competent jurisdiction or as provided by the Special Master.



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What Happens Next

Your claim has been paid in full.

The VCF will deem this award to be final unless you complete and return the enclosed Compensation Appeal Request Form within **30 days from the date of this letter** as explained below.

- **Appealing the Award:** You may request a hearing before the Special Master or her designee if you believe the amount of your loss was erroneously calculated or if you believe you can demonstrate extraordinary circumstances indicating that the calculation does not adequately address your loss.

To appeal the award, you must complete two steps by the required deadlines:

1. Complete and return the enclosed **Compensation Appeal Request Form** within **30 days from the date of this letter**. Follow the instructions on the form and upload it to your claim or mail it to the VCF by the required deadline. If you do not submit your completed Compensation Appeal Request Form within 30 days of the date of this letter, *you will have waived your right to an appeal.*
2. Complete and submit your **Compensation Appeal Package** (Pre-Hearing Questionnaire, Compensation Explanation of Appeal, and all applicable supporting documents) no later than **60 days from the date of this letter**. It is important that you carefully review the information enclosed with this letter and follow the instructions if you intend to appeal your award. Additional instructions on the appeals process can be found on the VCF website under "Frequently Asked Questions" and in the Policies and Procedures available under "Forms and Resources."

Once your complete Compensation Appeal Package is submitted, the VCF will review the information to confirm you have a valid appeal, and will notify you of the next steps specific to your appeal and the scheduling of your hearing.

- **Notifying the VCF of new Collateral Source Payments:** You must inform the VCF of any new collateral source payments you receive, or become entitled to receive, such as a change to your disability or survivor benefits, as this may change the amount of your award. If you notify the VCF within 90 days of learning of the new collateral source payment, this award will not be adjusted to reflect the new entitlement or payment. If you notify the VCF more than 90 days after learning of the new or revised entitlement or payment, the VCF may adjust this award to reflect the new payment as an offset, which may result in a lower award. If you need to notify the VCF of a new collateral source payment, please complete the "Collateral Offset Update Form" found under "Forms and Resources" on the www.vcf.gov website.

Your award was calculated using our published regulations, and I believe it is fair and reasonable under the requirements of the VCF Permanent Authorization Act. As always, I recognize that no amount of money can alleviate or fully compensate the losses suffered on September 11, 2001.



September 11th
Victim Compensation Fund

If you have any questions, please call our toll-free Helpline at 1-855-885-1555. Please have your claim number ready when you call: **VCF0116108**. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-514-1100.

Sincerely,

Rupa Bhattacharyya
Special Master
September 11th Victim Compensation Fund

cc: CAROL MURPHY



September 11th
Victim Compensation Fund

Award Detail

Claim Number: VCF0116108
Decedent Name: PAUL MURPHY

PERSONAL INJURY CLAIM (Losses up to Date of Death)	
Lost Earnings and Benefits	
Loss of Earnings including Benefits and Pension	\$471,751.00
Mitigating or Residual Earnings	\$0.00
Total Lost Earnings and Benefits	\$471,751.00
Offsets Applicable to Lost Earnings and Benefits	
Disability Pension	(\$72,628.00)
Social Security Disability Benefits	(\$128,794.10)
Workers Compensation Disability Benefits	\$0.00
Disability Insurance	(\$29,611.41)
Other Offsets related to Earnings	\$0.00
Total Offsets Applicable to Lost Earnings	(\$231,033.51)
Calculated Lost Earnings and Benefits after Offsets	\$240,717.49
Total Lost Earnings and Benefits Awarded	\$240,717.49
Other Economic Losses	
Medical Expense Loss	\$0.00
Replacement Services	\$0.00
Total Other Economic Losses	\$0.00
Total Economic Loss	\$240,717.49
Total Non-Economic Loss	\$250,000.00
Subtotal Award for Personal Injury Claim	\$490,717.49



September 11th
Victim Compensation Fund

DECEASED CLAIM (Losses from Date of Death)	
Loss of Earnings including Benefits and Pension	\$995,163.00
Offsets Applicable to Lost Earnings and Benefits	
Survivor Pension	(\$1,248,210.00)
SSA Survivor Benefits	(\$14,371.70)
Worker's Compensation Death Benefits	\$0.00
Other Offsets related to Earnings	\$0.00
Total Offsets Applicable to Loss of Earnings and Benefits	(\$1,262,581.70)
Calculated Lost Earnings and Benefits after Offsets	(\$267,418.70)
Total Lost Earnings and Benefits Awarded	\$0.00
Other Economic Losses	
Replacement Services	\$36,391.00
Burial Costs	\$17,841.00
Total Other Economic Losses	\$54,232.00
Total Economic Loss	\$54,232.00
Non-Economic Loss	
Non-Economic Loss - Decedent	\$250,000.00
Non-Economic Loss - Spouse/Dependent(s)	\$200,000.00
Total Non-Economic Loss	\$450,000.00
Additional Offsets	
Social Security Death Benefits	(\$255.00)
Life Insurance	(\$505,862.41)
Other Offsets	(\$10,000.00)
Total Additional Offsets	(\$516,117.41)
Subtotal Award for Deceased Claim	(\$11,885.41)



September 11th
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Subtotal of Personal Injury and Deceased Claims	\$490,717.49
PSOB Offset	\$0.00
Prior Lawsuit Settlement Offset	\$0.00
TOTAL AWARD	\$490,717.49
Factors Underlying Economic Loss Calculation	
Annual Earnings Basis (without benefits)	\$141,180.51
Percentage of Disability attributed to Eligible Conditions - applicable to Personal Injury losses	100.00%
Start Date of Loss of Earnings Due to Disability - applicable to Personal Injury losses	02/12/2014

Eligible Conditions Considered in Award
Malignant Neoplasm of Appendix and Related Physical Conditions: Sec Malignant Neoplasm Retroperitoneum&peritoneum

**NYU Langone Health
System**LM 4 MICU
150 55th Street
Brooklyn NY 11220-2508
Inpatient RecordMurphy, Paul
MRN [REDACTED] DOB: [REDACTED] Sex: M
Adm: 1/3/2018, D/C: 1/4/2018

Murphy, Paul (MR # [REDACTED])

Admission Date: 01/03/2018, Discharge Date: 01/04/2018

CSN: 721341059

Murphy, Paul

MRN [REDACTED]

Description: 54 year old male

Consults Creation Time: 1/3/2018 11:45 PM

Steven Schulberg, DO

Surgery, General

Cosigned by: Prashant Sinha, MD at 1/4/2018 4:56 PM

Consult Orders:

1. IP CONSULT TO GENERAL SURGERY [221748477] ordered by Yevgeniy Borshchenko, MD at 01/03/18 2215

Attestation signed by Prashant Sinha, MD at 1/4/2018 4:56 PM

I saw and evaluated the patient. See the resident's note for details. I agree with the findings and plan of care as outlined.

**NYU Langone Hospital -Brooklyn
Department of Surgery****GENERAL SURGERY Consultation Note**

Attending Physician: Sebastian G Kurz, MD

Primary Care Provider: Ian Lustbader

Patient Language: English

Accompanied by: no one

Source of Information: spouse

HPI:**Chief Complaint:****Chief Complaint**

Patient presents with:

- Fever
- Abdominal Pain

Reason for Consult: lactic acidosis, extensive surgical history**History of Present Illness:**

This is an 54 y.o. male w/ PMHx pseudomyxoma peritonei s/p HIPEC x2 with most recent in 2013, small bowel obstruction s/p ex-lap with bypass (possible biliroth 2) in 2014, ex lap. bowel resection, debulking 2017 who presents with ~12 hours of vomiting/diarrhea according to wife. According to wife, pt was in usual state of health for days leading up to presentation however this afternoon developed new onset abdominal pain and vomiting/diarrhea. Upon exam, patient intubated and unable to provide additional history. Noted to be febrile 102.7 in ED, tachycardic 150s, hypotensive 70s/30, and hypoxic. Lactic acidosis with lactate 7, hemoglobin 5.4, neutropenia and AKI also noted.

Review of Systems:**Review of Systems**

Unable to perform ROS: Intubated

Murphy, Paul (MR # [REDACTED]) Printed by Anndreea Gwaltney [GWA1.TA01] at 1/7/18 ... Page 1 of 6

**NYU Langone Health
System**LM 4 MICU
150 55th Street
Brooklyn NY 11220-2506
Inpatient RecordMurphy, Paul
MRN [REDACTED] DOB: [REDACTED] Sex: M
Adm: 1/3/2018, D/C: 1/4/2018

Murphy, Paul (MR # [REDACTED])

Admission Date: 01/03/2018, Discharge Date: 01/04/2018

History/Allergies/Medications:**Past Medical History:**

Diagnosis	Date
• Hyperlipidemia	
• Irritable bowel	
• Malignant pseudomyxoma peritonei	2011
• Raynaud phenomenon	

Past Surgical History:

Procedure	Laterality	Date
• ABDOMINAL EXPLORATION SURGERY		9/2012; 9/2013, oct/2014
<i>pseudomyxoma peritoneal surgery for debulking of tumor X 2</i>		
• HERNIA REPAIR		
• NASAL SEPTUM SURGERY		
• SMALL INTESTINE SURGERY		

Family History

Problem	Relation	Age of Onset
• Breast Cancer	Mother	
• Diabetes	Father	

Social History**Social History Main Topics**

• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used
• Alcohol use	8.4 oz/week
14 Glasses of wine per week	
<i>Comment: 2 glasses of wine/night</i>	
• Drug use:	No
• Sexual activity:	Not on file

No Known Allergies

No prescriptions prior to admission.

Vitals/Physical Exam:

Patient Vitals for the past 24 hrs (Last 1 readings):

	BP	Temp	Pulse	Resp	SpO2	Height	Weight
01/03/18 2234	98/74	38.8 °C (98.2 °F)	(I) 150 (I) 33	95 %		-	-
01/03/18 2147	-	-	-	-	97 %	-	-
01/03/18 2109	-	-	-	-	94 %	-	-
01/03/18 1930	(I) 76/48	-	(I) 145 (I) 48	93 %		-	-
01/03/18 1925	(I) 66/60	38.3 °C (97.4 °F)	(I) 132 (I) 34	92 %		-	-
01/03/18 1815	(I) 74/65	-	(I) 141 (I) 37	96 %		-	-

Murphy, Paul (MR # [REDACTED]) Printed by Anndrinea Gwainney [GWALTA01] at 1/7/18 ... Page 2 of 6



**NYU Langone Health
System**LM 4 MICU
150 55th Street
Brooklyn NY 11220-2508
Inpatient RecordMurphy, Paul
MRN [REDACTED] DOB [REDACTED] Sex: M
Adm: 1/3/2018, D/C: 1/4/2018

Murphy, Paul (MR # [REDACTED])

Admission Date: 01/03/2018, Discharge Date: 01/04/2018

01/03/18	(I)					
1800	75/56	*	(I) 137 (I) 33 98 %	*		
01/03/18	(I)					
1745	77/63	*	(I) 138 (I) 37 99 %	*		
01/03/18	(I)					
1730	80/61	*	(I) 152 (I) 46 95 %	*		
01/03/18						
1716	91/62	*	(I) 145 (I) 40 97 %	*		
01/03/18						
1700	96/66	*	(I) 145 (I) 37 100 %	*		
01/03/18	(I)	(I) 39.3 °C				
1658	75/55 (102.7 °F)		(I) 160 (I) 40 100 %		1 753 m (5' 9")	63.6 kg (139 lb 15.9 oz)

Temp (24hrs) Max: 39.3 °C (102.7 °F)

No intake/output data recorded.

Body mass index is 20.67 kg/m².

Physical Exam:**Physical Exam**

Cardiovascular: Regular rhythm.

tachycardic

Pulmonary/Chest: Effort normal.

Abdominal: Soft. He exhibits distension.

Old healed midline laparotomy incision, palpable mass in epigastric area, mild distension, tender to palpation in LUQ/LLQ, no rebound/guarding

Labs:**Recent Labs**

	01/03/18
	1646
NA	148*
K	3.4*
CL	119*
CO2	13*
BUN	20*
CREATININE	1.780*
GLU	56*
MG	1.2*
PHOS	1.8*

Recent Labs

	01/03/18
	1646
WBC	3.0*
HCT	18.8*
PLT	298

Recent Labs

	01/03/18
	1646
PT	19.9*
INR	1.7*

Murphy, Paul (MR # [REDACTED]) Printed by Anndrinea Gwaltney [GWA:TA01] at 1/7/18 ... Page 3 of 6

**NYU Langone Health
System**

 LM 4 MICU
150 55th Street
Brooklyn NY 11220-2508
Inpatient Record

 Murphy, Paul
MRN [REDACTED] DOB: [REDACTED] Sex: M
Adm: 1/3/2018, D/C: 1/4/2018

Murphy, Paul (MR # [REDACTED])

Admission Date: 01/03/2018, Discharge Date: 01/04/2018

Invalid input(s): ABG

Recent Labs

	01/03/18
	16/16
ALT	15
AST	19
GGTP	43
ALKPHOS	37*
BILITOT	0.2
ALBUMIN	1.9*

Recent Labs

	01/03/18
	16/16
LIPASE	63*

Invalid input(s): PREALBUMIN

Imaging:

CT Abdomen Pelvis Without Iv Contrast

Result Date: 1/3/2018

CT ABDOMEN PELVIS WITHOUT IV CONTRAST Clinical Indication: 54-year-old male with history of pseudomyxoma peritonei of the appendiceal mucinous adenocarcinoma diagnosed in 9/2011. Status post multiple prior abdominal surgeries and chemotherapy. Now with abdominal pain. Technique: Multidetector-row CT Images of the abdomen and pelvis are obtained from the xiphoid through the symphysis pubis. Oral contrast is administered. Coronal and sagittal reconstructions were performed. Comparison: CT abdomen/pelvis dated 12/21/2017. Findings: Limited noncontrast study. 01. LIVER: Multiple perihepatic implants as below. 02. SPLEEN: Status post splenectomy. 03. PANCREAS: Normal unenhanced. 04. BILIARY TREE/GALLBLADDER: Normal gallbladder. Nondilated biliary tree. 05. ADRENALS: Normal. 06. KIDNEYS: No hydronephrosis or calculus. Nonspecific bilateral perinephric stranding is new since the prior study. 07. LYMPHADENOPATHY/RETROPERITONEUM: Multiple subcentimeter lesions throughout the mesentery are grossly unchanged compared to the prior study. 08. VASCULATURE: Normal caliber aorta and branch vessels. 09. BOWEL: Status post right hemicolectomy and partial gastrectomy with gastrojejunostomy. Multiple loops of small bowel are distended with contrast, however, there is no evidence of obstruction as oral contrast reaches the rectum. There is diffuse wall thickening within the descending and sigmoid colon, and to a lesser extent in several segments of small bowel. Multiple serosal implants along the colon again noted. Sigmoid diverticulosis without diverticulitis. 10. PELVIC VISCERA: Collapsed urinary bladder. Normal prostate. 11. PELVIC LYMPH NODES: No lymphadenopathy. 12. PERITONEUM/ABDOMINAL WALL: Again, there are multiple loculated peritoneal cystic implants with some demonstrating peripheral calcifications, for example: - Central perihepatic, 8.7 x 7.2 cm (series 2, image 24), previously 8.7 x 7.1 cm - Right inferior perihepatic, 3.5 x 2.2 cm (series 2, image 43), previously 3.4 x 2.3 cm - Anterior left lower quadrant, 4.0 x 1.8 cm (series 2, image 58), previously 4.0 x 2.6 cm - Right lower quadrant perienteric, 3.2 x 2.4 cm (series 2, image 58), previously 2.2 x 2.3 cm - Left pelvis, 4.1 x 3.1 cm (series 2, image 76), previously 4.2 x 3.4 cm. 13. SKELETAL: No aggressive osseous lesions. 14. LUNG BASES: Small right and trace left pleural effusions with bibasilar atelectasis. Mild bilateral gynecomastia. Electronic Signature: I personally reviewed the images and agree with this report. Final Report: Dictated by Resident Antonio Pires MD and Signed by Attending Matthew Suberlak 1/3/2018 8:45 PM

IMPRESSION: New long segment wall thickening involving the descending and sigmoid colon, along with scattered long segment wall thickening within several segments of small bowel, findings which could reflect a nonspecific enteritis/colitis. Multiple peritoneal cystic implants consistent with pseudomyxoma peritonei, which are grossly stable in size and appearance compared to the prior study. Mild dilatation of the small bowel and proximal large bowel, without focal transition point, which could reflect a mild ileus. Mild bilateral perinephric stranding is new compared to the prior study, correlate clinically for pyelonephritis. No hydronephrosis.

CT Abdomen Pelvis With Iv Contrast

Murphy, Paul (MR # [REDACTED]) Printed by Anndrinea Gwaltney [GWALTA01] at 1/7/18 ... Page 4 of 6



**NYU Langone Health
System**

 LM 4 MICU
150 55th Street
Brooklyn NY 11220-2508
Inpatient Record

 Murphy, Paul
MRN: [REDACTED] DOB: [REDACTED] Sex: M
Adm: 1/3/2018, D/C: 1/4/2018

Murphy, Paul (MR # [REDACTED])

Admission Date: 01/03/2018, Discharge Date: 01/04/2018

Result Date: 12/21/2017

CT ABDOMEN PELVIS WITH IV CONTRAST Clinical Indication: 54-year-old male with history of pseudomyxoma peritonei of the appendiceal mucinous adenocarcinoma diagnosed in 9/2011. Status post multiple prior abdominal surgeries and chemotherapy. Now with left lower quadrant pain for 3 days. Technique: Multidetector-row CT images of the abdomen and pelvis are obtained from the xiphoid through the symphysis pubis. Oral and 95 cc Isovue-300 nonionic intravenous contrast are administered. Coronal and sagittal reconstructions were performed. Comparison: 7/23/17 Findings: 01. LIVER: No intrinsic focal lesion. Multiple perihaptic implants. See below. 02. SPLEEN: Status post splenectomy 03. PANCREAS: Atrophic without duct dilatation 04. BILIARY TREE/GALLBLADDER: Distended gallbladder without evidence of cholecystitis or mass. No bile duct dilatation. 05. ADRENALS: Normal 06. KIDNEYS: Normal 07. LYMPHADENOPATHY/RETROPERITONEUM: No lymphadenopathy 08. VASCULATURE: Patent with normal caliber aorta 09. BOWEL: Status post right hemicolectomy and gastric surgery with gastrojejunostomy. Gastric remnant is no longer distended but shows wall thickening. Serosal implants onto the colon and small bowel without obstruction. No bowel inflammation. Scattered colonic diverticula in the pelvis. 10. PELVIC VISCERA: Normal bladder and prostate 11. PELVIC LYMPH NODES: No pelvic adenopathy 12. PERITONEUM/ABDOMINAL WALL: Multiple loculated peritoneal cystic lesions, some with peripheral calcifications, consistent with implants, with their measurements as follow: - Central perihaptic, 8.7 x 7.1 cm (image 24 series 3), previously 8.3 x 6.7 cm - Right inferior perihaptic implant, 3.4 x 2.3 cm (image 45 series 3), previously 3.0 x 2.1 cm - Left mid abdomen, 4.0 x 2.5 cm (image 63 series 3), previously 12.0 x 9.7 cm - Left lower quadrant anterior lesion, 4.0 x 2.5 cm (image 63 series 3), previously 2.1 x 2.0 cm. - Right lower quadrant peri-enteric lesion, 3.2 x 2.3 cm (image 64 series 3), previously 3.3 x 2.7 cm - Left pelvic implant 4.2 x 3.4 cm (image 84 series 3), previously 3.9 x 2.9 cm 13. SKELETAL: No aggressive osseous lesion 14. LUNG BASES: Clear Electronic Signature: I personally reviewed the images and agree with this report. Final Report: Dictated by and Signed by Attending Kyunghye Cho MD 12/21/2017 4:10 PM

IMPRESSION: *Multiple peritoneal cystic implants, consistent with pseudomyxoma peritonei, with interval increase in size of several lesions, some stable and one in left mid abdomen with marked decrease in size as above. *No bowel obstruction. Thick-walled gastric remnant. Correlate clinically for inflammation or other.

Xr Chest Ap Portable

Result Date: 1/3/2018

Portable chest x-ray Clinical Indication: 1.Sepsis. s/p Intubation Technique: Single AP view of the chest was obtained. Comparison: 1/3/2018. Electronic Signature: I personally reviewed the images and agree with this report. Final Report: Dictated by and Signed by Attending Gopi Noyak MD 1/3/2018 11:02 PM

Findings / IMPRESSION: Interval placement of an endotracheal tube terminating approximately 5.6 cm above level of carina. A right internal jugular central venous catheter remains in place with tip overlying the superior vena cava. The cardiac silhouette is normal in size. There is persistent consolidation or atelectasis of the right upper lobe. There is a new small right pleural effusion. The left lung fields are clear. Mild biapical pleural thickening. No pneumothorax. Multiple surgical clips are seen in the left upper abdomen.

Xr Chest Ap Portable

Result Date: 1/3/2018

Portable chest x-ray Clinical Indication: 1.Sepsis. As per medical record, patient has history of malignant pseudomyxoma peritonei Technique: Single AP view of the chest was obtained. Comparison: Prior chest radiography including performed on 7/23/2017 Electronic Signature: I personally reviewed the images and agree with this report. Final Report: Dictated by and Signed by Attending Jane Ko MD 1/3/2018 5:27 PM

Findings / IMPRESSION: Consolidation in the right upper lobe is dense, suspicious for pneumonia in the appropriate clinical scenario. Right MediPort tip projects over the cavoatrial junction region. No pleural effusion evident. Biapical scarring. Cardiac silhouette within normal limits in size. Mediastinal contours difficult to assess due to adjacent consolidation. Mild elevation right hemidiaphragm.

Murphy, Paul (MR # [REDACTED]) Printed by Anndrinea Gwaltney [GWALTA01] at 1/7/18 ... Page 5 of 6

**NYU Langone Health
System**LM 4 MICU
150 55th Street
Brooklyn NY 11220-2508
Inpatient RecordMurphy, Paul
MRN: [REDACTED] DOB: [REDACTED] Sex: M
Adm: 1/3/2018 D/C: 1/4/2018

Murphy, Paul (MR # [REDACTED])

Admission Date: 01/03/2018, Discharge Date: 01/04/2018

Assessment:

* No active hospital problems. *

54 y o. male with pseudomyxoma peritonii, septic shock

Plan:

- Pertinent imaging/labs/findings discussed with attending
- No surgical intervention at this time. Cannot offer any surgical intervention that would allow for meaningful improvement in overall quality of life
- Recommend aggressive IV hydration/resuscitation
- Continue pressors as needed for MAP >65
- Trend lactic acidosis, creatinine
- Monitor CBC, transfuse PRN
- Goals of care discussion with family
- Discussed with Dr. Sinha

Steven Schulberg
1/3/2018
11:45 PM

ED to Hosp-Admission (Discharged) on 1/3/2018

Murphy, Paul (MR # [REDACTED]) Printed by Andrinca Gwaltney [GWALTA01] at 1/7/18 ... Page 6 of 6

Scan on 1/18/2018 3:16 PM (below)

Generated on 2/2/18 3:52 PM

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THE CITY OF NEW YORK VITAL RECORDS CERTIFICATE									
DATE FILED THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH Certificate No. 156-18-000408									
NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE JANUARY 05, 2018 03:41 PM									
1. DECEDENT'S LEGAL NAME PAUL MURPHY (First, Middle, Last)									
2a. New York City 2b. Borough Brooklyn	2c. Type of Place 1 <input checked="" type="checkbox"/> Hospital Inpatient 2 <input type="checkbox"/> Emergency Dept./Outpatient 3 <input type="checkbox"/> Dead on Arrival	4 <input type="checkbox"/> Nursing Home/Long Term Care Facility 5 <input type="checkbox"/> Hospice Facility 6 <input type="checkbox"/> Decedent's Residence 7 <input type="checkbox"/> Other Specify	2d. Any Hospice care in last 30 days 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 3 <input type="checkbox"/> Unknown	2e. Name of hospital or other facility (if not facility, street address) NYU Lutheran					
Date and Time of Death 3a. (Month) (Day) (Year-YYYY) January 04 2018	3b. Time 12:18	4. Sex Male	5. Date last attended by a Physician mm dd yyyy 01 04 2018						
6. Certifier: I certify that death occurred at the time, date and place indicated and that, to the best of my knowledge, traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See instructions on reverse of certificate.									
Name of Physician Abdulrahman Muzib MD (Type or Print) Signature <i>Abdulrahman Muzib</i> DO. M.D. Address 150 55th Street, Brooklyn, New York 11220 License No. 258215 Date JAN-04-2018 Signature Electronically Authenticated									
7a. Usual Residence State New York	7b. County Kings	7c. City or Town Brooklyn	7d. Street and Number 1134 79th Street	Apt. No.	ZIP Code 11228	7e. Inside City Limits? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No			
8. Date of Birth (Month) (Day) (Year-YYYY) [REDACTED]	9. Age at last birthday (years) 54	Under 1 Year Months Days Hours Minutes [REDACTED]		10. Social Security No. [REDACTED]					
11a. Usual Occupation (Type of work done during most of working life). Do not use "Retired" Lieutenant									
11b. Kind of business or industry New York Police Department									
12. Aliases or AKAs									
13. Birthplace (City & State or Foreign Country) Brooklyn, New York									
14. Education (Check the box that best describes the highest degree or level of school completed at the time of death) 1 <input type="checkbox"/> 8th grade or less; none 4 <input type="checkbox"/> Some college credit, but no degree 7 <input type="checkbox"/> Master's degree (e.g., M.A., M.S., M.Ed., M.B.A., M.D.) 2 <input type="checkbox"/> 9th - 12th grade; no diploma 5 <input type="checkbox"/> Associate degree (e.g., A.A., A.S.) 8 <input type="checkbox"/> Doctorate (e.g., Ph.D., Ed.D.) or 3 <input type="checkbox"/> High school graduate or GED 6 <input checked="" type="checkbox"/> Bachelor's degree (e.g., B.A., B.S.) Professional degree (e.g., M.D., D.D.S., D.V.M., LL.B., J.D.)									
15. Ever in U.S. Armed Forces? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No									
16. Marital/Partnership Status at time of death 1 <input checked="" type="checkbox"/> Married 2 <input type="checkbox"/> Domestic Partnership 3 <input type="checkbox"/> Overlooked 4 <input type="checkbox"/> Married, but separated 5 <input type="checkbox"/> Never Married 6 <input type="checkbox"/> Widowed 7 <input type="checkbox"/> Other, Specify									
17. Surviving Spouse's/Partner's Name (If wife, name prior to first marriage) (First, Middle, Last) Carol Orlowski									
18. Father's Name (First, Middle, Last) Richard P. Murphy									
19. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last) Lillian Thompson									
20a. Informant's Name Carol Murphy									
20b. Relationship to Decedent Spouse									
20c. Address (Street and Number, Apt. No., City & State, ZIP Code) 1134 79th Street, Brooklyn, New York 11228									
21a. Method of Disposition 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Entombment 4 <input type="checkbox"/> City Cemetery 5 <input type="checkbox"/> Other, Specify									
21b. Place of Disposition (Name of cemetery, crematory, other place) Resurrection Cemetery									
21c. Location of Disposition (City & State or Foreign Country) Staten Island, New York									
21d. Date of Disposition mm dd yyyy 01 08 2018									
22a. Funeral Establishment Joseph P. Clavin Sons, Inc.									
22b. Address (Street and Number, City & State, ZIP Code) 7722 4th Avenue, Brooklyn, New York 11209									

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

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Steven P. Schwartz
Steven P. Schwartz, Ph.D., City Registrar



April 11, 2018

THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CONFIDENTIAL MEDICAL REPORT

Certificate No. 156-18-000408

To be filled in by FUNERAL DIRECTOR or, in case of City Burial, by Physician		24. Race as defined by the U.S. Census (Check one or more to indicate what the decedent considered himself or herself to be)	
23. Ancestry (Check one box and specify)	<input type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban, Dominican, etc.) <input type="checkbox"/> Specify _____	<input checked="" type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native (Name of enrolled or principal tribe) _____	<input type="checkbox"/> Black or African American <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Other Asian-Specify _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander-Specify _____ <input type="checkbox"/> Other-Specify _____
25. CAUSE OF DEATH – List only one cause on each line. DO NOT ABBREVIATE.		27c. Date of Outcome	
a. IMMEDIATE CAUSE		mm dd YYY	
b. DUE TO OR AS A CONSEQUENCE OF		28. Was this case referred to OCME?	
c. DUE TO OR AS A CONSEQUENCE OF		1 <input type="checkbox"/> Yes	
d. DUE TO OR AS A CONSEQUENCE OF		2 <input checked="" type="checkbox"/> No	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given in Part I. Include operation abbreviation.			
Colitis			
26a. Was an autopsy performed?	27a. If Female	27b. If pregnant within one year of death, outcome of pregnancy	27c. Date of Outcome
1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Not pregnant within 1 year of death	1 <input type="checkbox"/> Live Birth	mm dd YYY
26b. Were autopsy findings available to complete the cause of death?	2 <input type="checkbox"/> Pregnant at time of death	2 <input type="checkbox"/> Spontaneous Termination	
1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	3 <input type="checkbox"/> Not pregnant at death, but pregnant within 42 days of death	3 <input type="checkbox"/> Ectopic Pregnancy	
	4 <input type="checkbox"/> Not pregnant at death, but pregnant 43 days to 1 year before death	4 <input type="checkbox"/> Induced Termination	
	5 <input type="checkbox"/> Unknown if pregnant within 1 year of death		
29. Did 126686 use contribute to death?	30. For infant under one year: Name and address of hospital or other place of birth		
1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 3 <input type="checkbox"/> Probably 4 <input type="checkbox"/> Unknown			
I am submitting herewith a confidential report of the cause of death.			
SIGNATURE <i>Abdulkarim M. Mayle</i> M.D.		ADDRESS 150 55th Street, Brooklyn, New York 11220 LICENSE NO. 258215	